

Name
in
Full

Washellean Bratten

CERTIFICATE OF DEATH

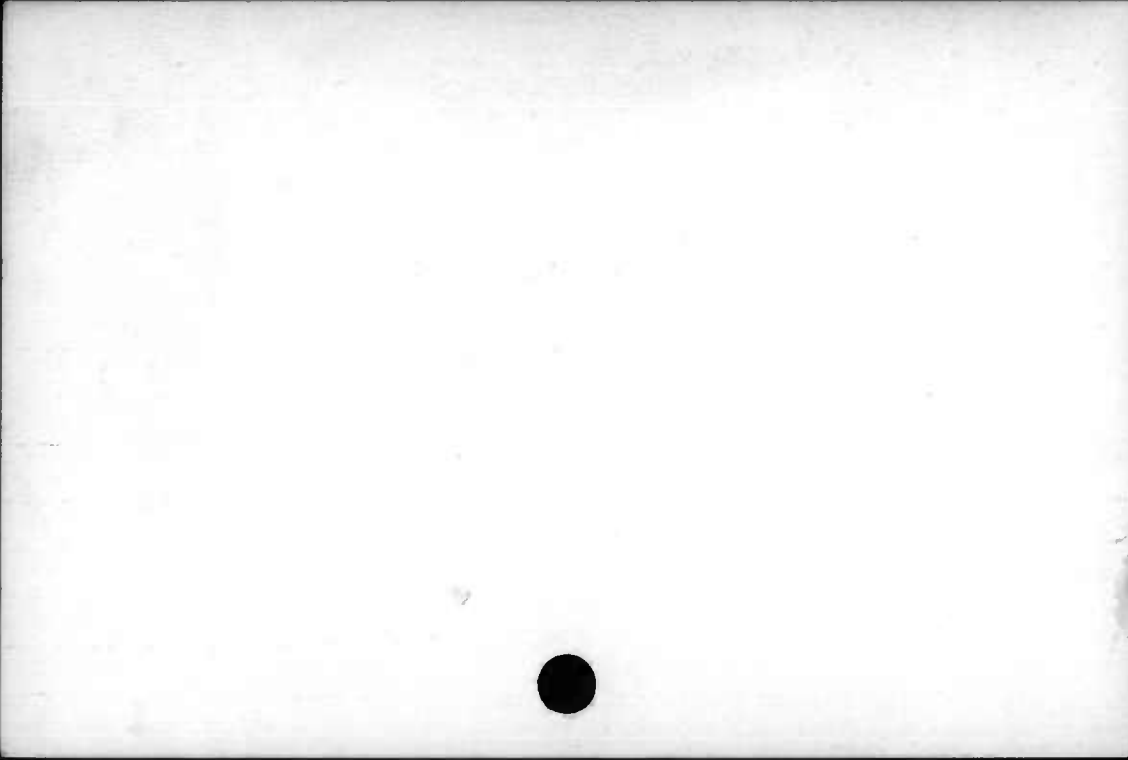
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
near Snow Hill		Worcester					
Date of death 1903	Month	Day	Years	Months	Days		
Sept 1-	7.	Age	14				
Sex	Female	Color or Race	Female	Birth-place	Worcester		
Married, Single	Single		Occupation	House girl			
Widowed							
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Charlie Bratten				Worcester			
Mother's Maiden Name				Mother's Birthplace			
Sarah Bratten				Worcester			
Name of person giving information				How related to deceased			
Charlie Bratten				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	3 months
Immediate	No.	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	William S Williams
Yes.		Address	Worcester County
Snow Hill		Maryland	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

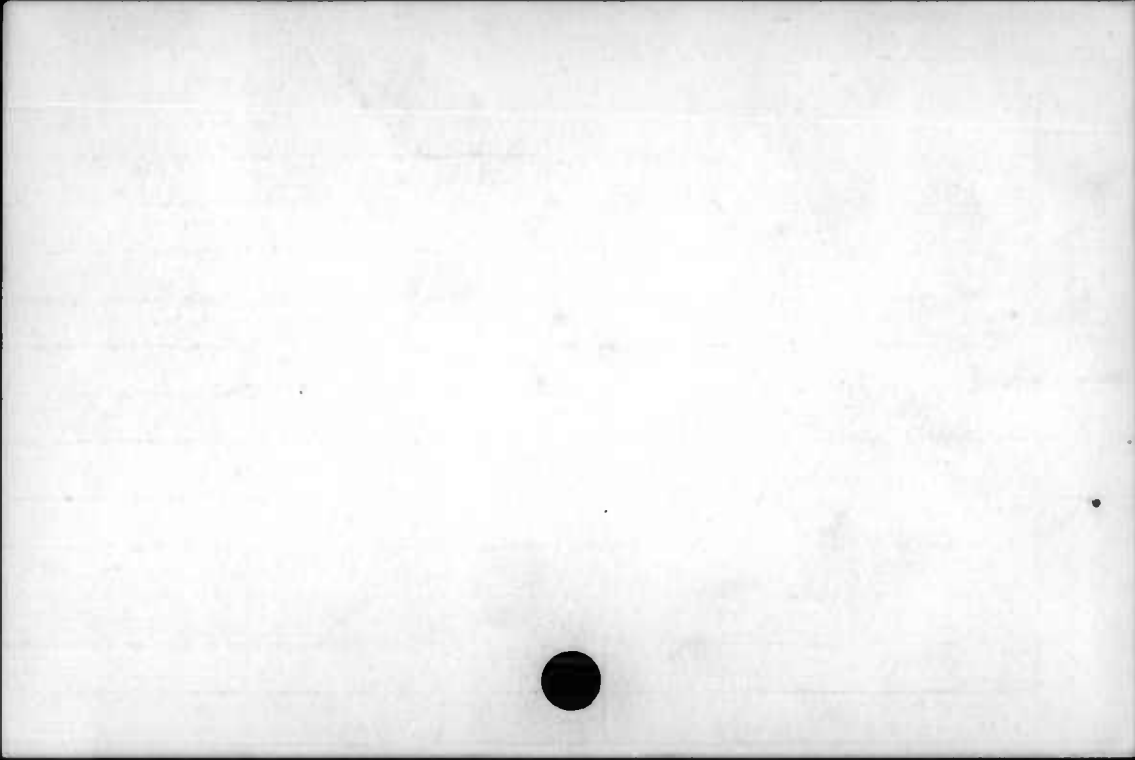
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stockton</u> ^{Town}		<u>Winchester</u> ^{County}		MARYLAND	
Date of death 190 <u>03</u>	<u>Sept</u> ^{Month}	<u>24</u> ^{Day}	Age <u>10</u> ^{Years} <u>Days</u>	Months	<u>15</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Stockton</u>		
Married, Single or <u>Widowed</u>			Occupation		
Name of Wife or Husband					
Father's Name <u>W. R. Burtin</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>A. M. Hancock</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>W. R. Burtin</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Ulcer</u>	How long <u>10 days</u>
Immediate <u>Toxaemia</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. D. Dickerson</u>
	Address <u>Stockton</u>
Accident or Suicide?	<u>Winchester Co Ind</u>



Name
in
Full

Pearl E. Collier

CERTIFICATE OF DEATH

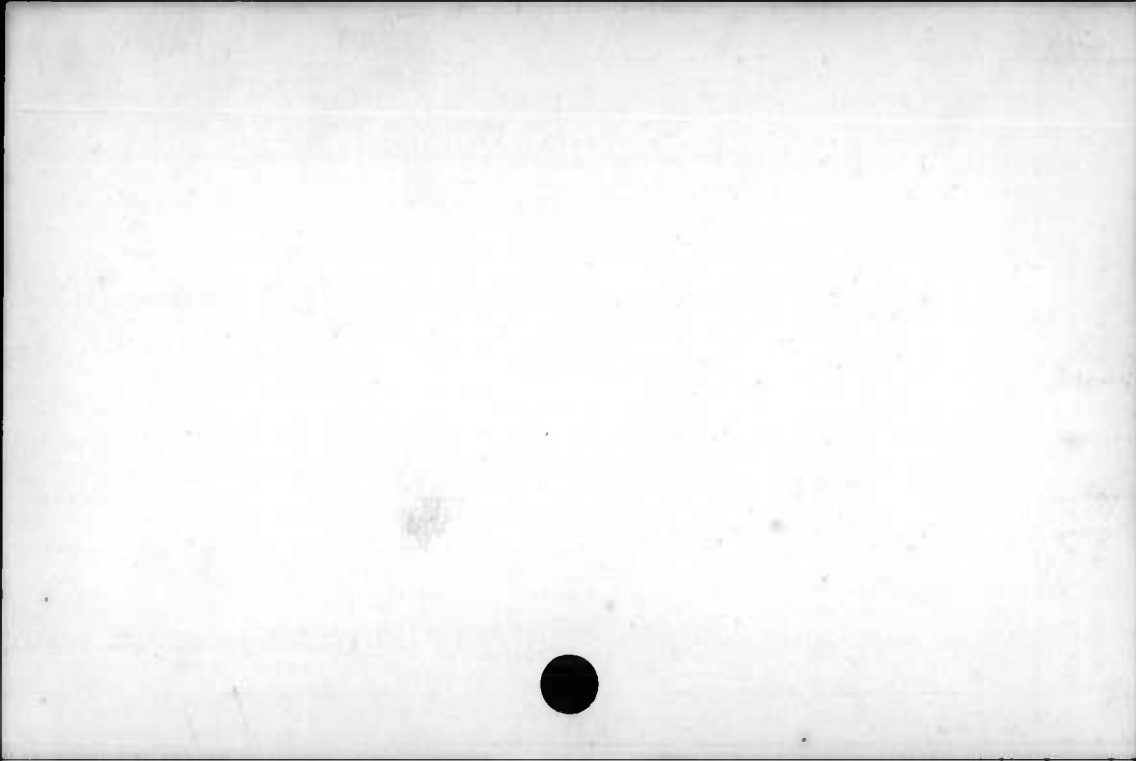
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pocomoke City		County Worcester		MARYLAND	
Date of death 1903	Month Sept	Day 17	Age	Years	Months	Days 6	
Sex Female	Color or Race Caucasian		Birth- place Pocomoke City				
Married, Single or Widowed Single		Occupation None					
Name of Wife or Husband Isaac M. Collier		60					
Father's Name Isaac M. Collier		Father's Birthplace Pocomoke City					
Mother's Maiden Name Lizzie A. Marshall		Mother's Birthplace Accomack Va					
Name of person giving In formation Isaac M. Collier		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Head Fall	How long	2 days
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician None	
		Address [Redacted]	
Accident or Suicide?			



Name
in
Full

Albert Commey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

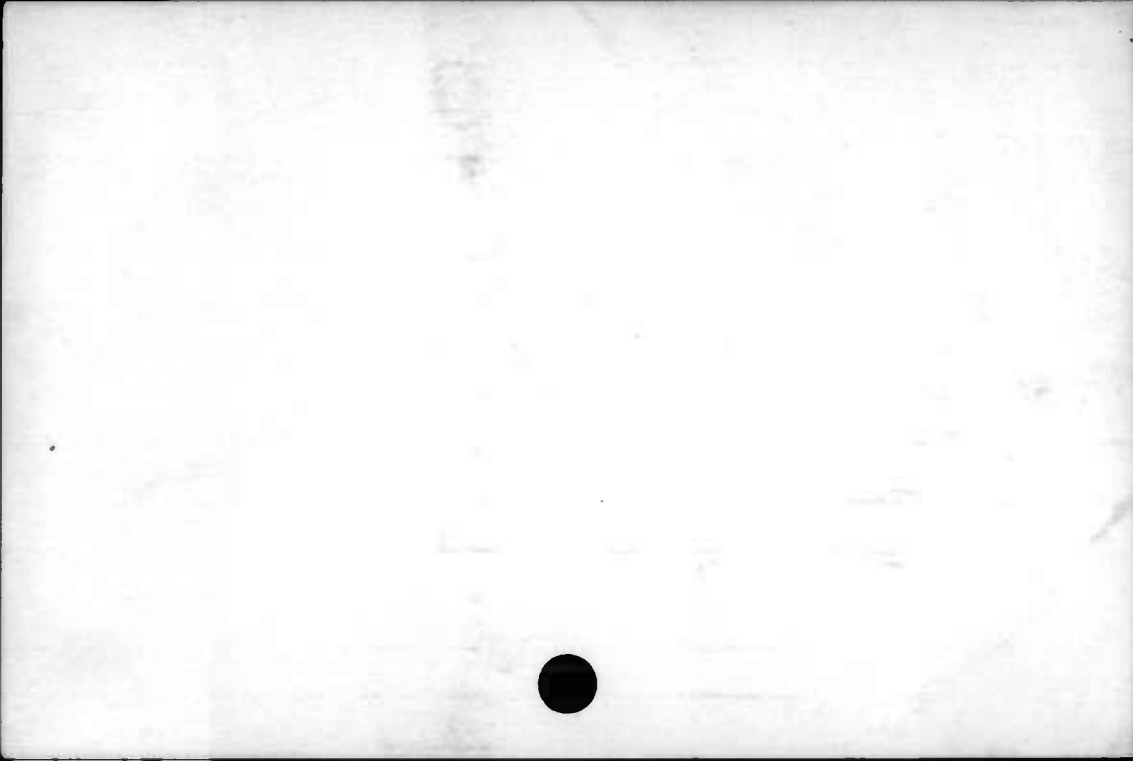
MARYLAND

Died at <i>Snow Hill</i>		County <i>Worcester</i>	
Date of death 1903	Month <i>Sept</i>	Day <i>29</i>	Age <i>86</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Worcester Co.</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Elizabeth Commey</i>			
Father's Name <i>Fredrick Commey</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name		Mother's Birthplace <i>Md</i>	
Name of person giving information <i>E. C. Commey</i>		How related to deceased <i>Nephew</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>Several Years</i>
Immediate <i>Exhaustion from debility</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. D. Strangher</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide?	



Name
in
Full

Rachel Cruppen

CERTIFICATE OF DEATH

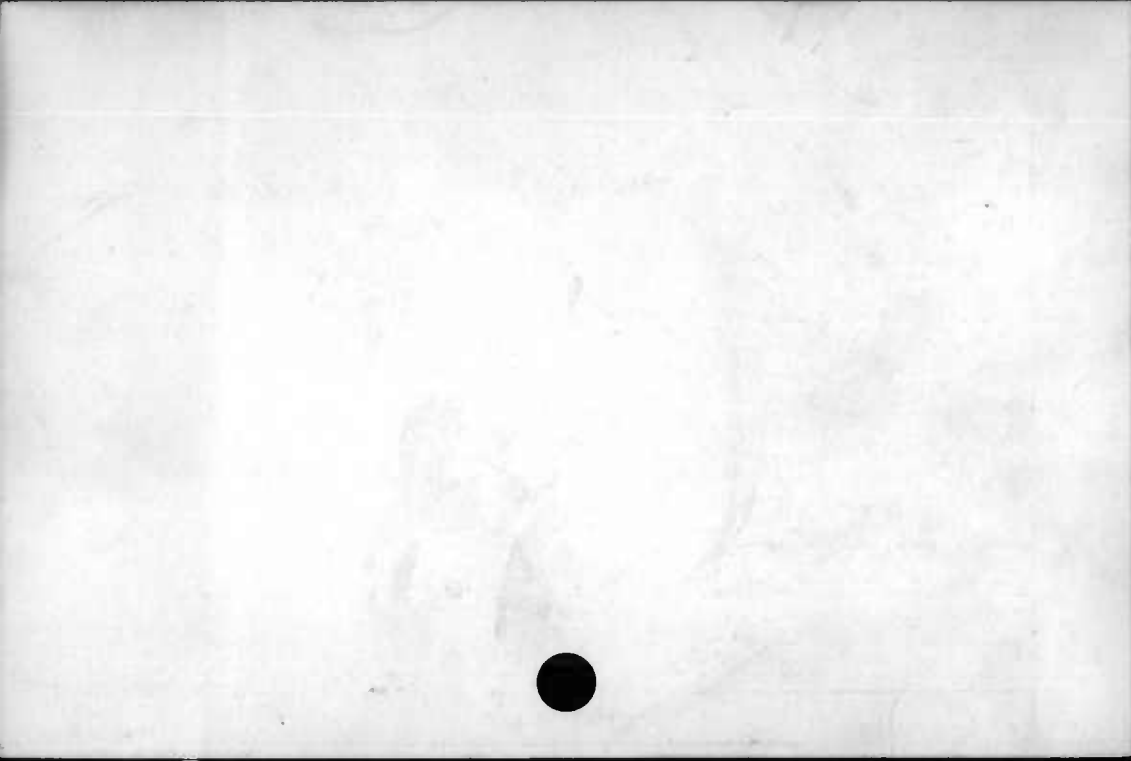
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pawnee city		County Morris		MARYLAND	
Date of death 1903		Month Sept	Day 16	Age 57		Months	Days
Sex Female		Color or Race Colored		Birth- place Accomac Co Va			
Married, Single or Widowed Widow		Occupation Housewife					
Name of Wife or Husband John Cruppen							
Father's Name Jas Gillitt				Father's Birthplace Accomac Co Va			
Mother's Maiden Name Gutsudee Gilbert				Mother's Birthplace " "			
Name of person giving information Florence Cruppen				How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diseased Liver		How long Don't know	
Immediate Indigestion & Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Samuel S. Lucian	
		Address Pawnee city Md	
Accident or Suicide?			



Name
in
Full

Charlotte A Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Berlin ^{Town} Worcester ^{County} MARYLAND

Date of death 1903 ^{Month} Sept ^{Day} 1 ^{Years} 49 ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Worcester

Married, Single or Widowed Married Occupation House wife

Name of Wife or Husband Leyrus W. Davis

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information Leyrus W. Davis ¹⁷⁹ How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart-Failure How long Year

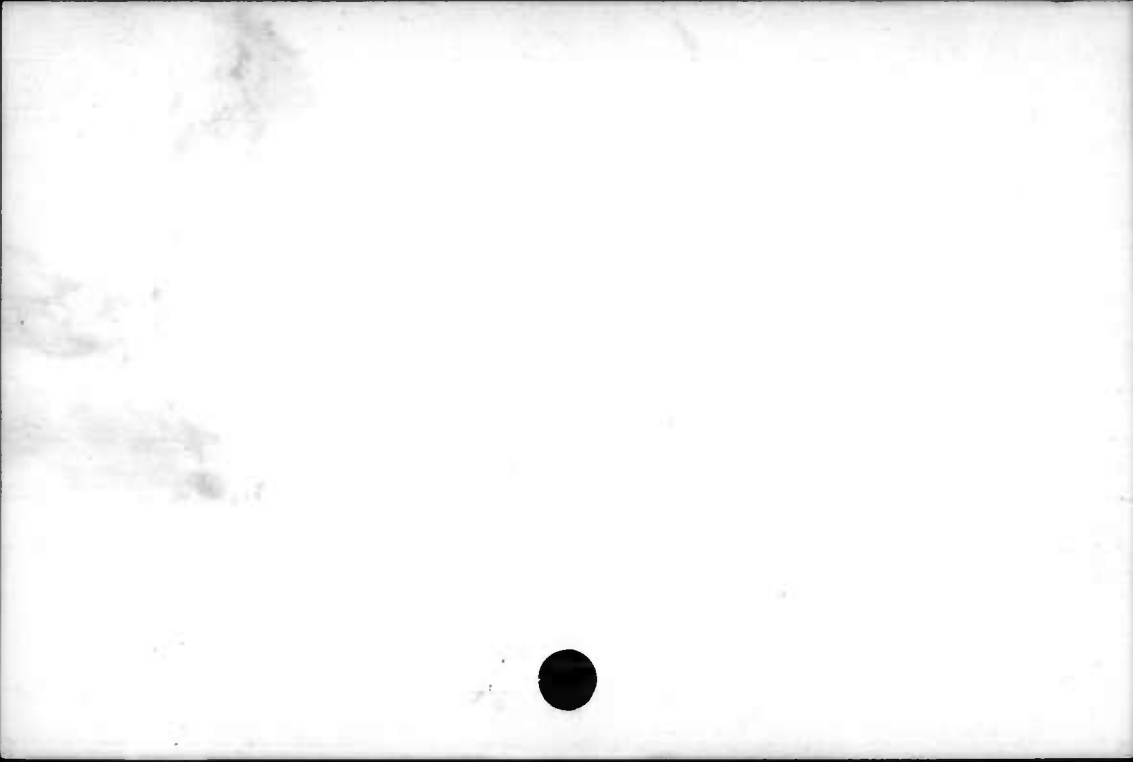
Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. J. C. Dunchon

Address Berlin Md

Accident or Suicide? —



Name
in
Full

Joshua H. Hyden

CERTIFICATE OF DEATH

Died at ^{Town} Pocomoke City ^{County} Wicomico

MARYLAND

Date of death 1903 Month 9 Day 23 Age 67 Years Months 2 Days 15

Sex Male Color or Race White Birth-place Wicomico Md

Married, ~~single~~ married Occupation Carter

Name of Wife or Husband Wanda L. Hyden wife

Father's Name John Hyden Father's Birthplace Md.

Mother's Maiden Name Eliza Hlonahoe 120 Mother's Birthplace Md.

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary Nephritis How long 10 months

Immediate Exhaustion following diarrhoea How long 10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician H. M. Willis

Address Pocomoke City Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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Full

CERTIFICATE OF DEATH

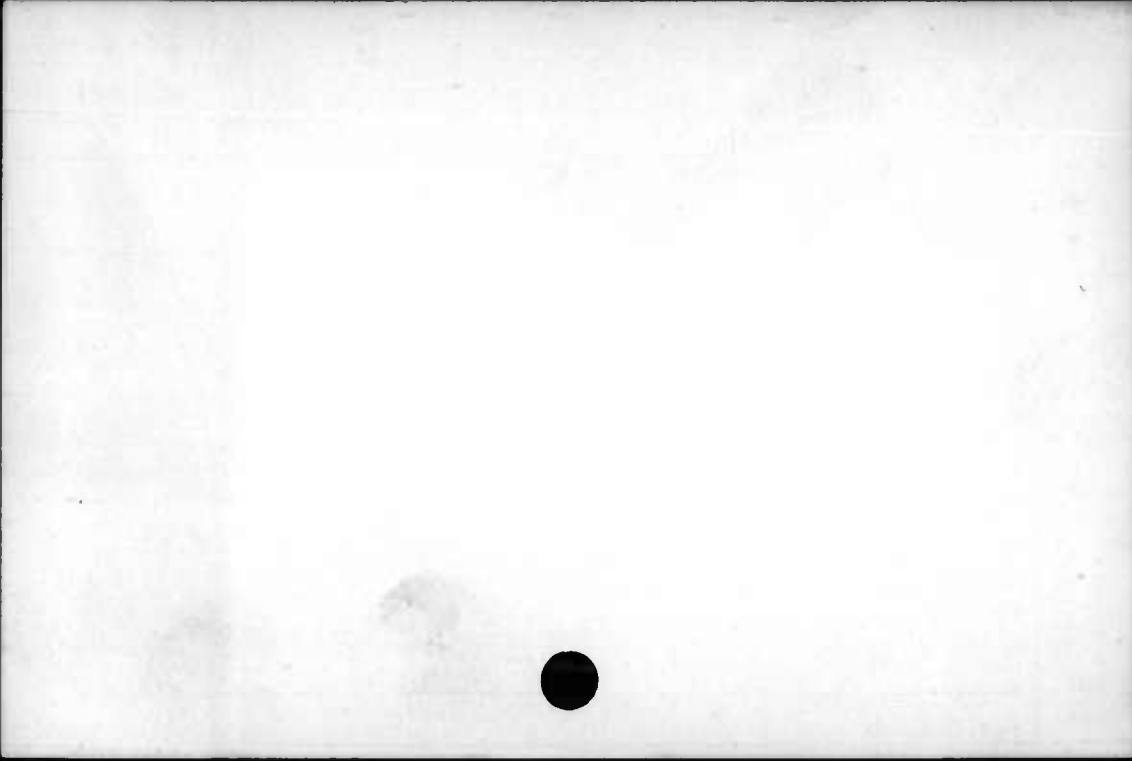
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Iron Hill</i>		County <i>Monester</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Sept</i>	Day <i>24</i>	Age	Years <i>70</i>	Months	Days	
Sex <i>male</i>	Color or Race		Birth-place <i>Monester Co</i>				
Married, Single or Widowed <i>single</i>			Occupation				
Name of Wife or Husband							
Father's Name <i>Thos. Dukes</i>				Father's Birthplace <i>Monester Co</i>			
Mother's Maiden Name <i>Lottie Dayville</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Nannie DeNeal</i>				How related to deceased <i>Half sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Heart failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. C. Hancock</i>	
<i>They are</i>		Address <i>Stockton Md</i>	
Accident or Suicide?			



Name
in
Full

Wm L. Fisher

CERTIFICATE OF DEATH

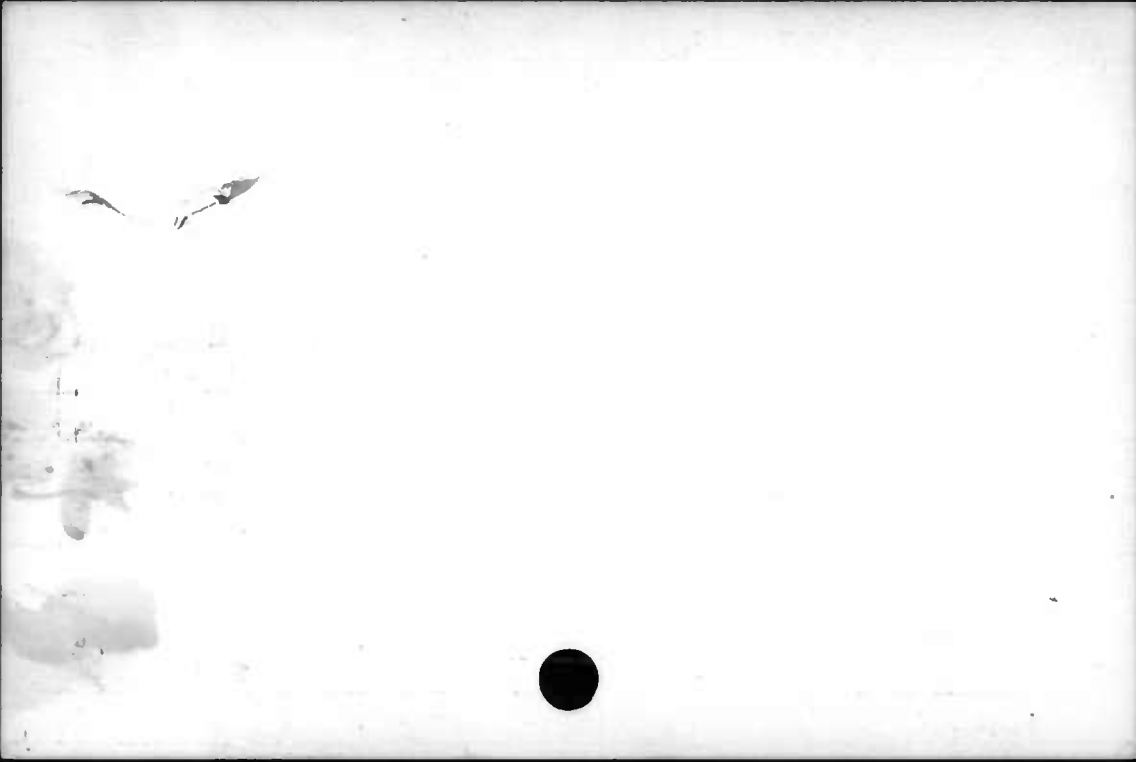
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pawtucket		County Worcester		MARYLAND	
Date of death 190		3	Month Sept	5	Day	Age 32	Years
Sex Male		Color or Race White		Birth- place Worcester		Months —	
Married, Single or Widowed Single		Occupation Farmer		Name of Wife or Husband None		Father's Birthplace Worcester	
Father's Name Wm L. Fisher		Mother's Maiden Name Nancy		Mother's Birthplace Worcester		How related to deceased Cousin	
Name of person giving Information Geo B Holston							

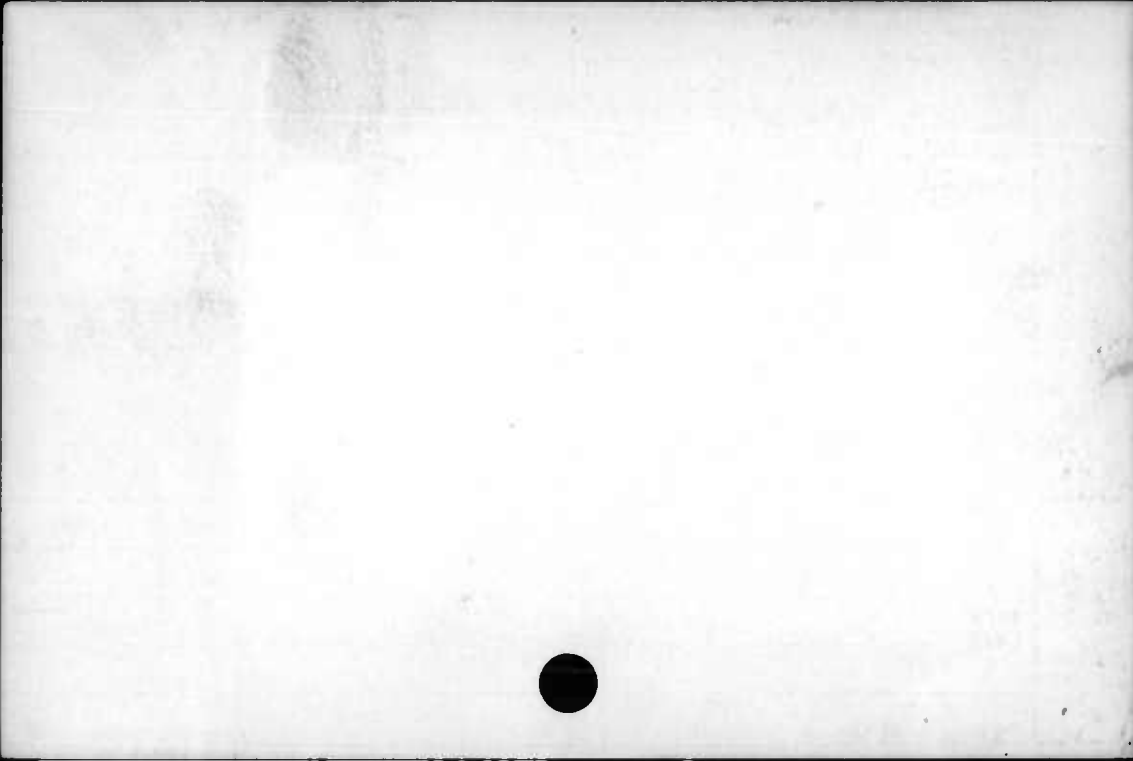
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	5 mo
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. R. Phillips	
Address		Bishopville Md	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Georgetown</u>		<u>Horchester</u>		MARYLAND		
	Date of death 190 <u>3</u>	Month <u>9</u>	Day <u>28</u>	Age <u>83</u>	Years <u>8</u>	Months <u>14</u>	Days
	Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>			
	Married, Single or Widowed <u>Married</u>		Occupation <u>Farmer</u>				
	Name of Wife or Husband <u>Elizabeth Hancock</u>						
	Father's Name <u>William Hill</u>			Father's Birthplace <u>Ind</u>			
	Mother's Maiden Name <u>Rodah Hill</u>			Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Beriah Hill</u>			How related to deceased <u>Son</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Pyelonephritis</u>			How long <u>41 Weeks</u>			
	Immediate <u>Cardiac Exhaustion</u>			How long <u>2 1/2 hours</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>C. H. Zimmerman M.D.</u>			
	<u>Georgetown</u>			Address <u>Horchester, Co.</u>			
	Accident or Suicide? <u>—</u>			<u>—</u>			



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at *Neen Selbyville*

Town

My Worcester

County

Date

of death 1903

Month

Sept

Day

21

Years

Age

70

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Maryland*Married, Single
or Widowed*Married*

Occupation

*Carpenter*Name of Wife or
Husband*Leah A. Morris*Father's
Name*Lewis Byfill*Father's
Birthplace*Maryland*Mother's
Maiden Name*Catherine Byfill*Mother's
Birthplace*Maryland*Name of person giving
In formation*Painter Watson*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Heart Disease & Dropsy

How long

6 months

Immediate

No

How long

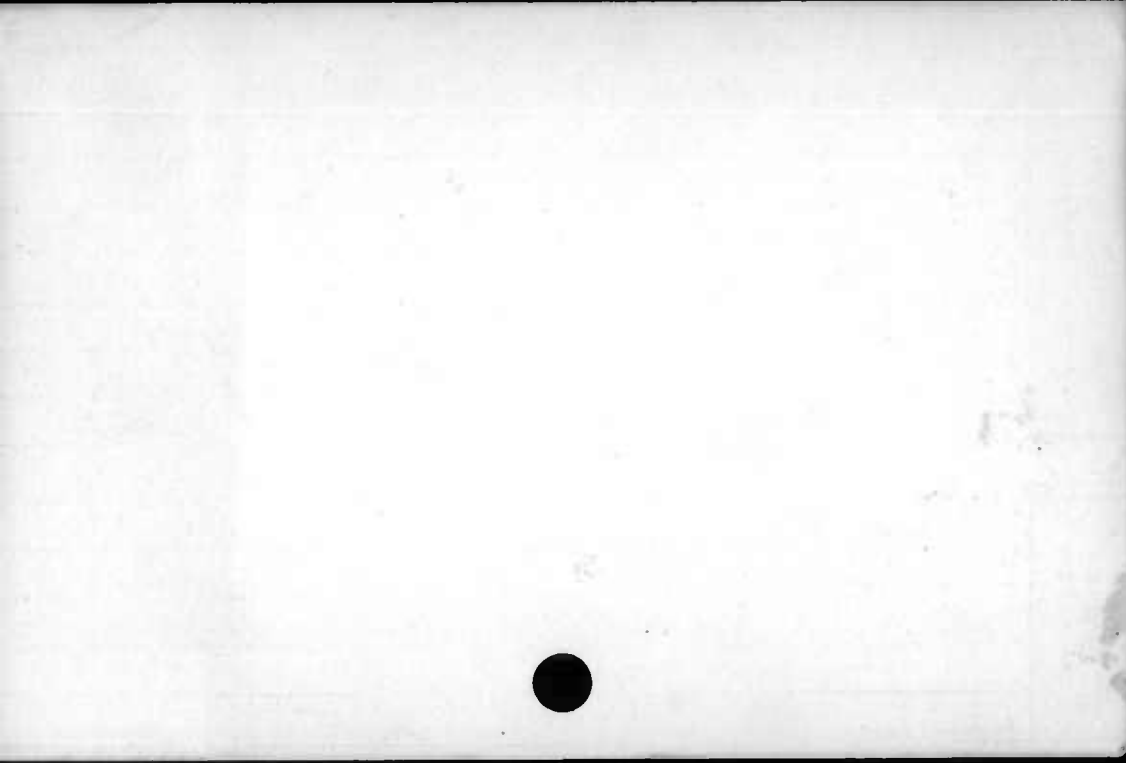
*6 months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?

*No**T. Rayson Bishopville Md*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDBarclay Bishop Holland
Town near Baltimore City - County Worcester -

MARYLAND

Died at Date of death 1903 Month Sept- Day 27 Age Years Months 4 Days

Sex Male Color or Race Black & Birth-place Worcester

Married, Single or Widowed Single Occupation None

Name of Wife or Husband Henry Holland

Father's Name Henry Holland 105 Father's Birthplace Worcester

Mother's Maiden Name Harris - Cuttman 105 Mother's Birthplace Somerset

Name of person giving information Henry Holland How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

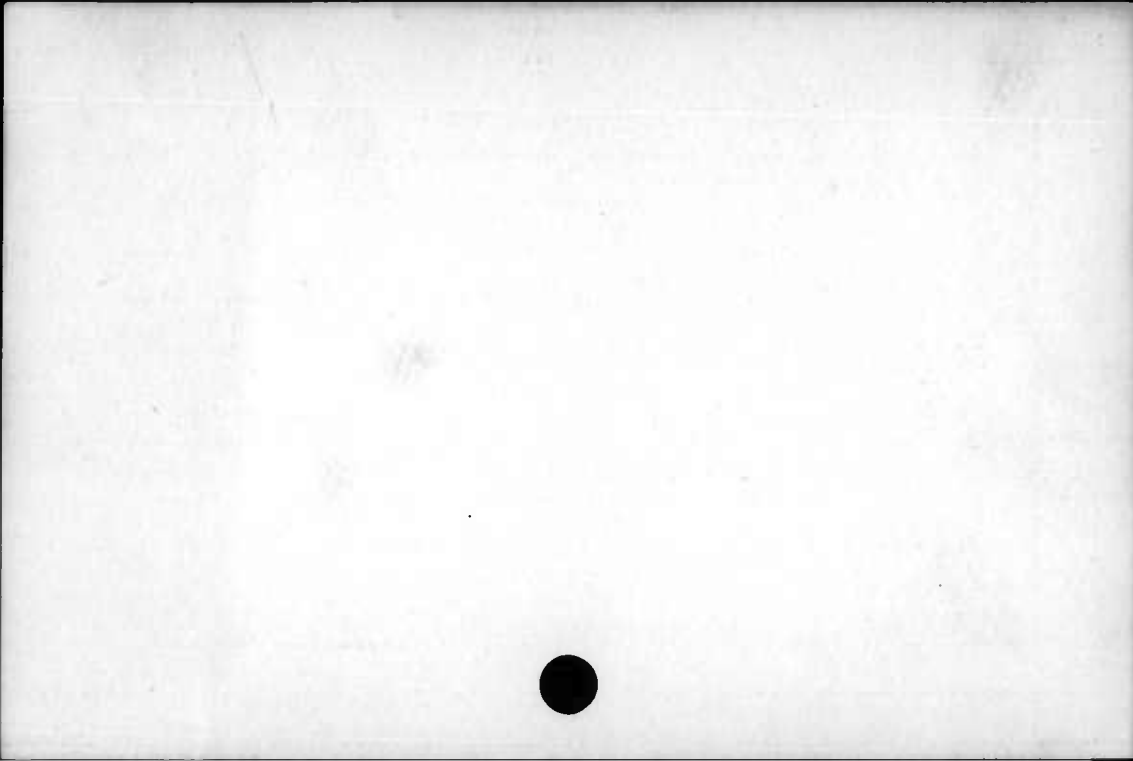
Primary Asphyxia How long 2 Weeks

Immediate Exhaustion How long 2 Weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician None

Address

Accident or Suicide?



Emma Hosier
 Town County

MARYLAND

Died at Piney grove Worcester
 Date 1903 Sept. 24th Age 30 —
 Male White Married Widow ~~Divorced~~ Native of Md. Occupation Housewife
 Female Colored Single Widower Number of children living two

Husband of Elijah A. Hosier
 Wife
 Father's Name John A. Atkins Mother's Name
 Maiden Name

Cause of Death Primary supposed to have had
 Immediate consumption of bowels
 How long sick 5 or 6 weeks
 Accident, Suicide, Homicide

Reported by Geo. L. Hill
 Address Salisbury Maryland
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Undertaker

Dr. Paul Jones
of Snow Hill
attended her in
her last sickness
G. C. H.

Name
in
Full

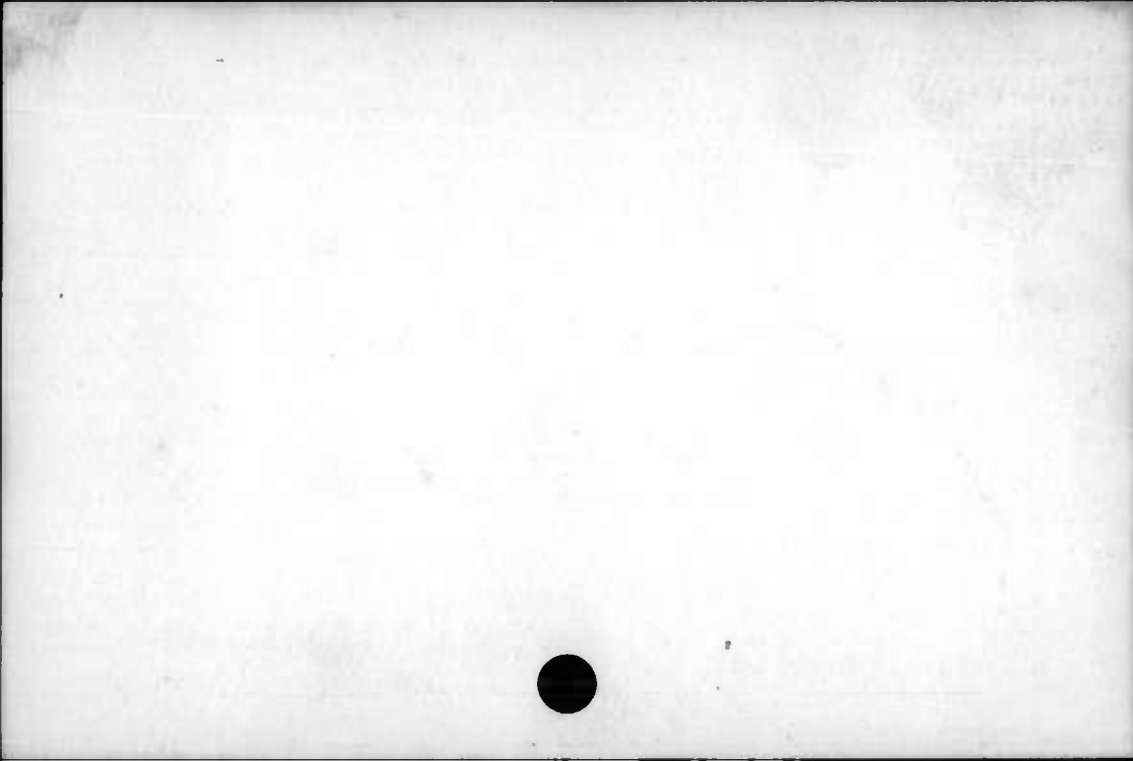
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Emma James</i>		Town <i>Pawmoke City</i>		County <i>Worcester</i>		MARYLAND	
Died at		Date of death 1903		Age 35		Months	
Month <i>Sept</i>		Day <i>Sept 18</i>		Years		Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Pawmoke City</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>Domestic</i>					
Name of Wife or Husband <i>Stall James</i>							
Father's Name <i>Noah Dutton</i>				Father's Birthplace <i>Somerset Co</i>			
Mother's Maiden Name <i>Sarah J. Jackson</i>				Mother's Birthplace <i>Pawmoke</i>			
Name of person giving information <i>Garthner Quinn</i>				How related to deceased <i>Cousin</i>			
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>3 weeks</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel Quinn</i>	
		Address <i>Pawmoke City, Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

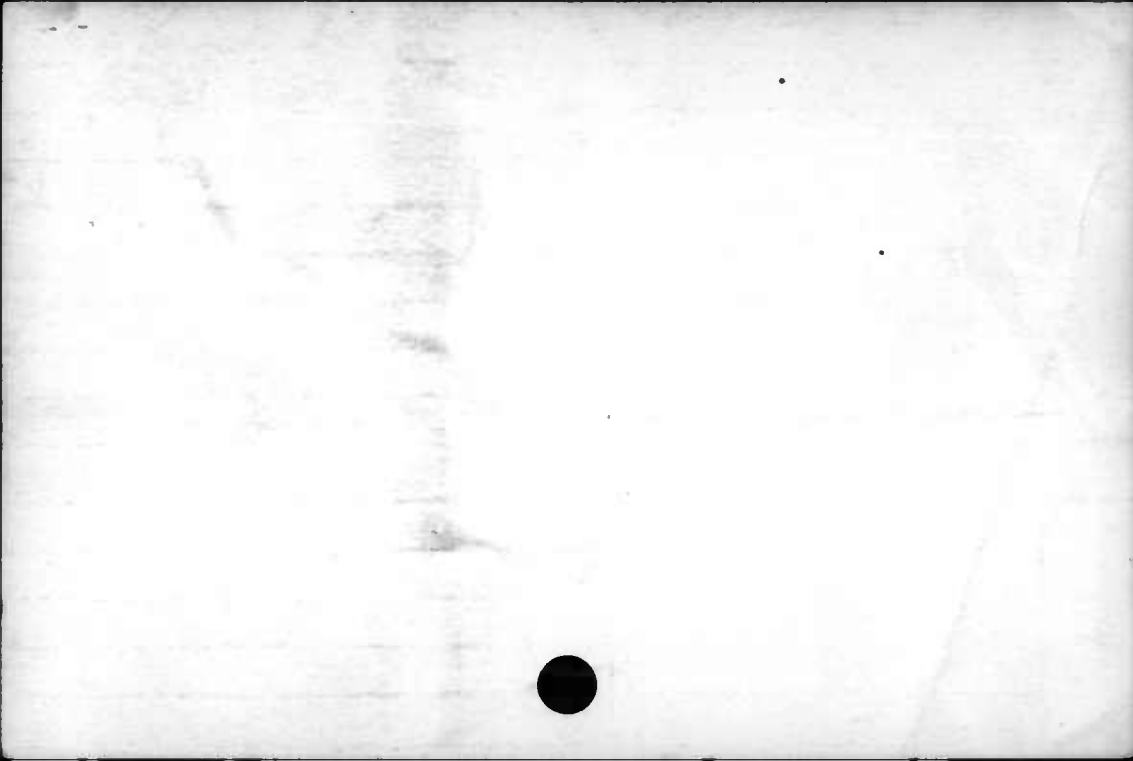
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>infant no name</i>		Town <i>no</i>		County <i>Worcester</i>		MARYLAND	
Died <i>Mar 28</i>		Month <i>Sept</i>		Day <i>28</i>		Age <i>2</i> Months <i>2</i> Days <i>2</i>	
Date of death 190 <i>3</i>		Month <i>Sept</i>		Day <i>28</i>		Age <i>2</i> Months <i>2</i> Days <i>2</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>W & Massie</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Faura Nichols</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>W & Massie</i>				How related to deceased <i>grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>		How long <i>—</i>	
Immediate		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm E Massie</i>	
		Address <i>Snaw Hill md</i>	
Accident or Suicide?			



Name
in
Full

Bell Pills

CERTIFICATE OF DEATH

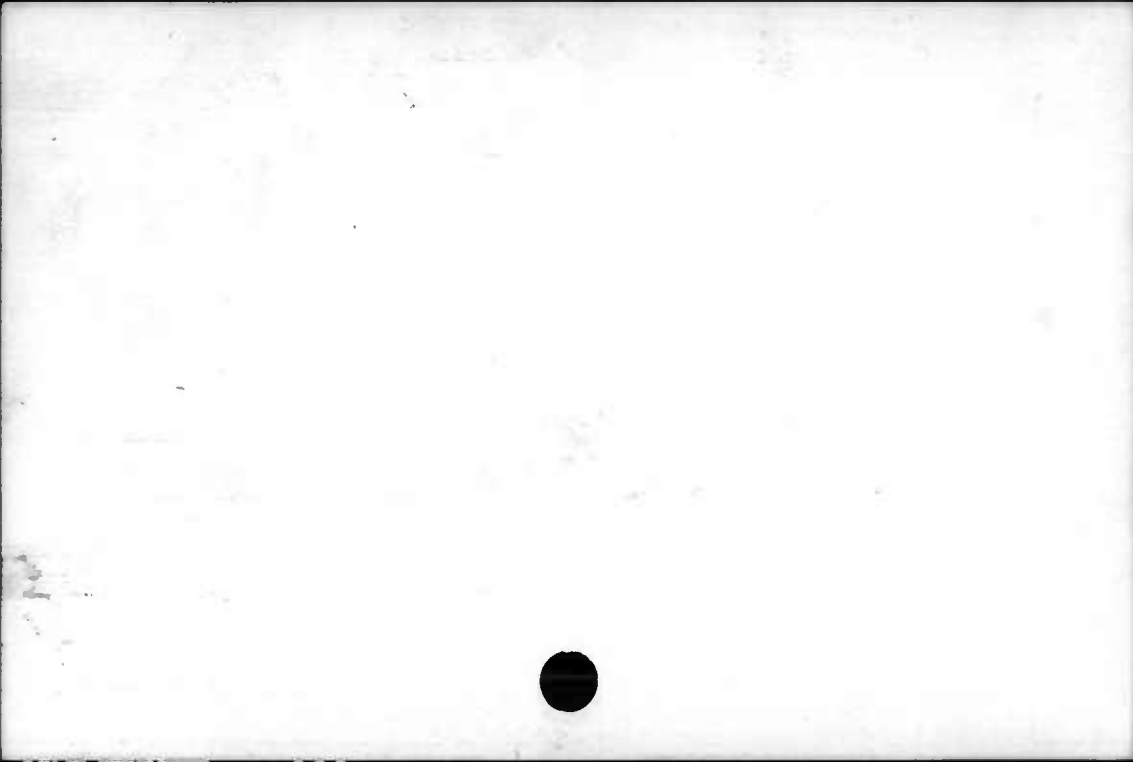
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Berlin</i> ^{Town}		<i>in</i> ^{County}		MARYLAND	
Date of death 1903	<i>Sept</i> ^{Month}	<i>30</i> ^{Day}	<i>47</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Femine</i>	Color or Race <i>Black</i>		Birth-place <i>Berlin</i>		
Married , Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Isaac Shorwell</i>			Father's Birthplace <i>Shorwell</i>		
Mother's Maiden Name <i>Hester Pills</i>			Mother's Birthplace <i>Berlin</i>		
Name of person giving information <i>Henry Pills</i>			How related to deceased <i>Bro</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Uterine Carcinoma</i>	How long <i>4 years</i>
Immediate <i>Rectal involvement</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. W. Pirichon</i>
	Address <i>Berlin Md</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

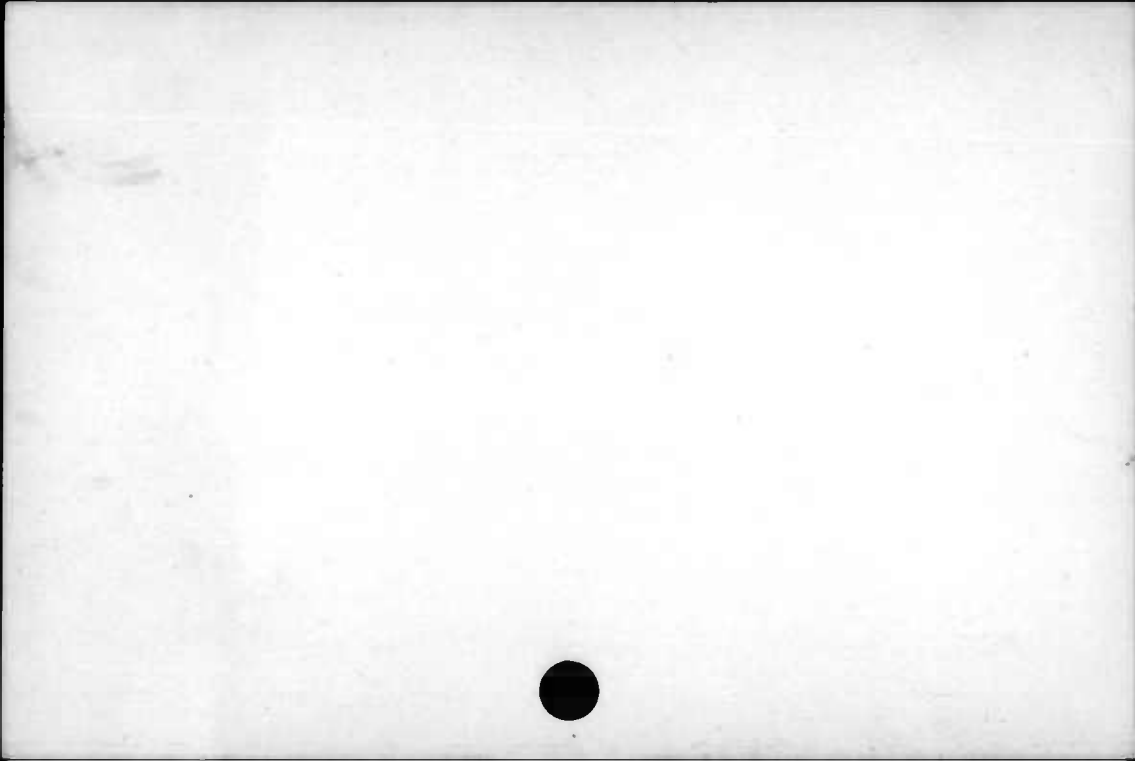
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190 3		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Physician
Address	
Accident or Suicide?	



Name
in
Full

Ida. Pennewell

CERTIFICATE OF DEATH

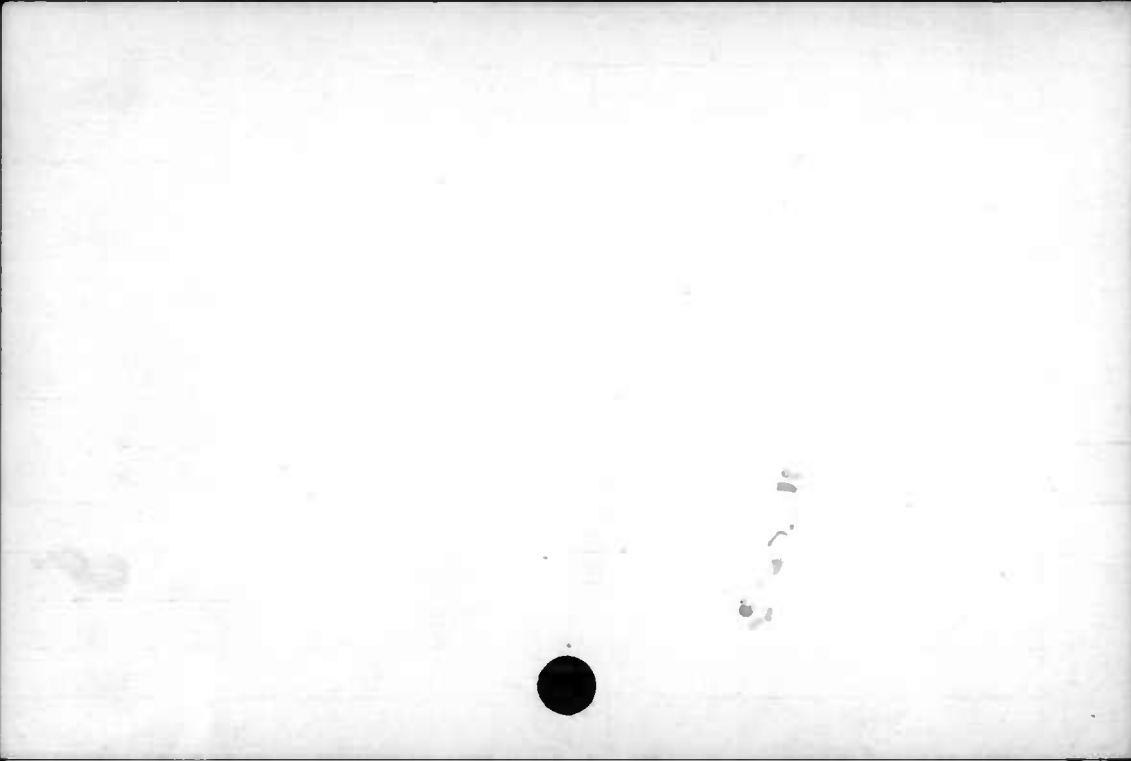
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whiteberg</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Sept.</i> ^{Month}	<i>8</i> ^{Day}	Age <i>about 40 yrs</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i></i>			
Name of Wife or Husband <i>Thomas Pennewell</i>					
Father's Name <i>Bunq. Dennis</i>				Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Faaby Dennis</i>				Mother's Birthplace <i>Ind</i>	
Name of person giving information <i></i>				How related to deceased <i></i>	

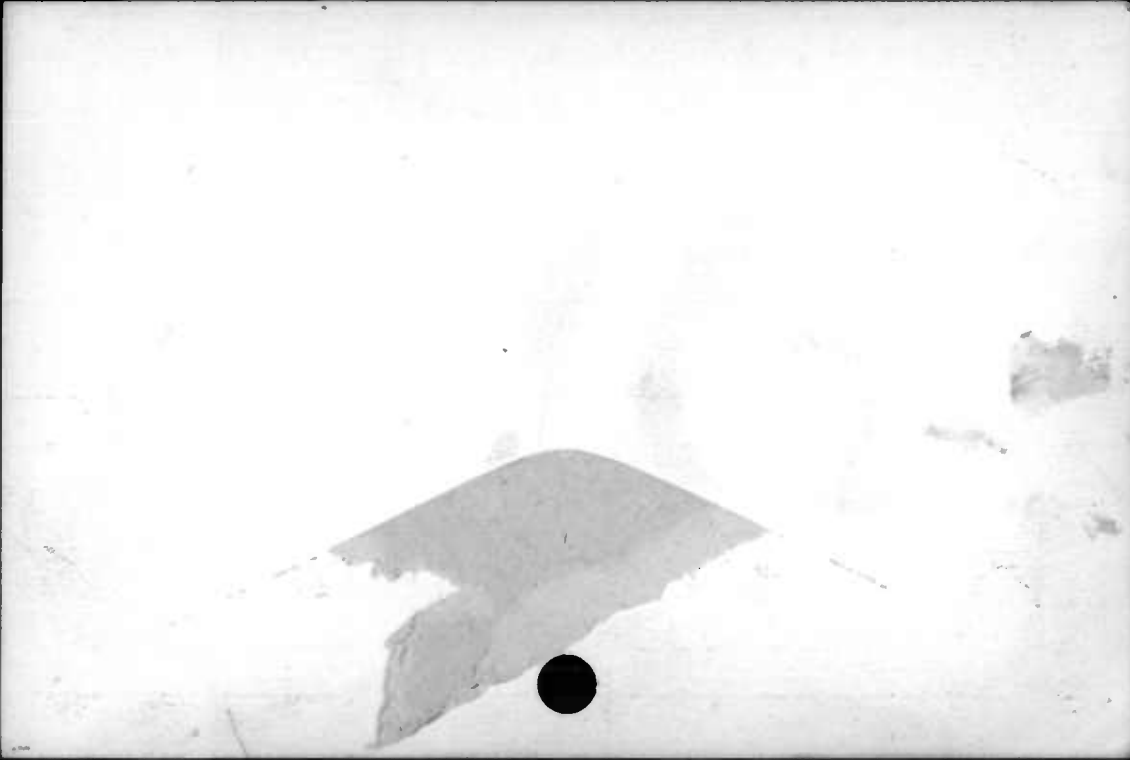
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Consumption</i>	How long <i>8 yrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name in Full		David S. Reese				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Snow Hill	County Worcester	MARYLAND	
		Date of death 190		Month Sept-	Day 13	Age	Years —
		Sex		Male		Color or Race	Male
		Married, Single or Widowed		—		Birth- place	Snow Hill
		Name of Wife or Husband		Mary Reese			
		Father's Name		Charles Reese		Father's Birthplace	Lena Kent
		Mother's Maiden Name		Mary Reese		Mother's Birthplace	Snow Hill
Name of person giving In formation		Mary Reese		How related to deceased		Mother	
CAUSES OF DEATH							
-PHYSICIAN OR CORONER		Primary				How long	
		Convulsions				3 Months	
		Immediate				How long	
						6 Days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		William S. Williams	
Snow Hill		County		Address		Worcester	
Accident or Suicide?		County		Maryland			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

100 P Selby

Died at *Greenbelt* ^{Town} *Monroester* ^{County} **MARYLAND**

Date of death 190 *3* Month *Sept* Day *6* Age *67* Years Months *10* Days *20*

Sex *male* Color or Race *white* Birth-place *Ind*

Married, Single or Widowed *Widower* Occupation *none*

Name of Wife or Husband

Father's Name *Isador Selby* 66 Father's Birthplace

Mother's Maiden Name *Margaret Selby* Mother's Birthplace

Name of person giving information *C. Rowley* How related to deceased *Son in law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

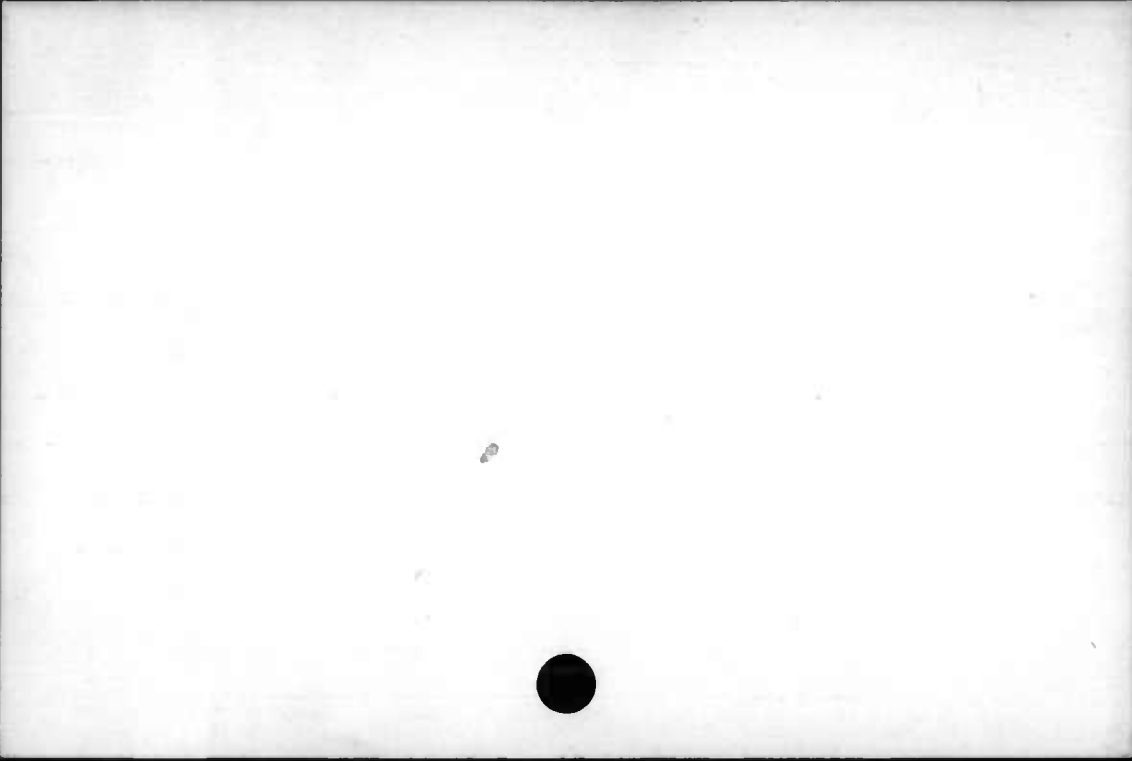
Primary *Patrolis's* How long *1 yr.*

Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Edward Shawell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Berlin</i>		Town <i>Berlin</i>		County <i>Worcester</i>		MAYLAND	
Date of death 190	<i>3</i>	Month <i>Sept</i>	Day <i>12</i>	Age	<i>26</i>	Years	Months <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	
Married, Single or Widowed	<i>Single</i>			Occupation			
Name of Wife or Husband							
Father's Name <i>Red Johnson</i>				Father's Birthplace			
Mother's Maiden Name <i>Sallie Shawell</i>				Mother's Birthplace			
Name of person giving Information <i>Henry Brithigham</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Le J Evans M.D.</i>
<i>No Physician</i>	Address <i>Worcester</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

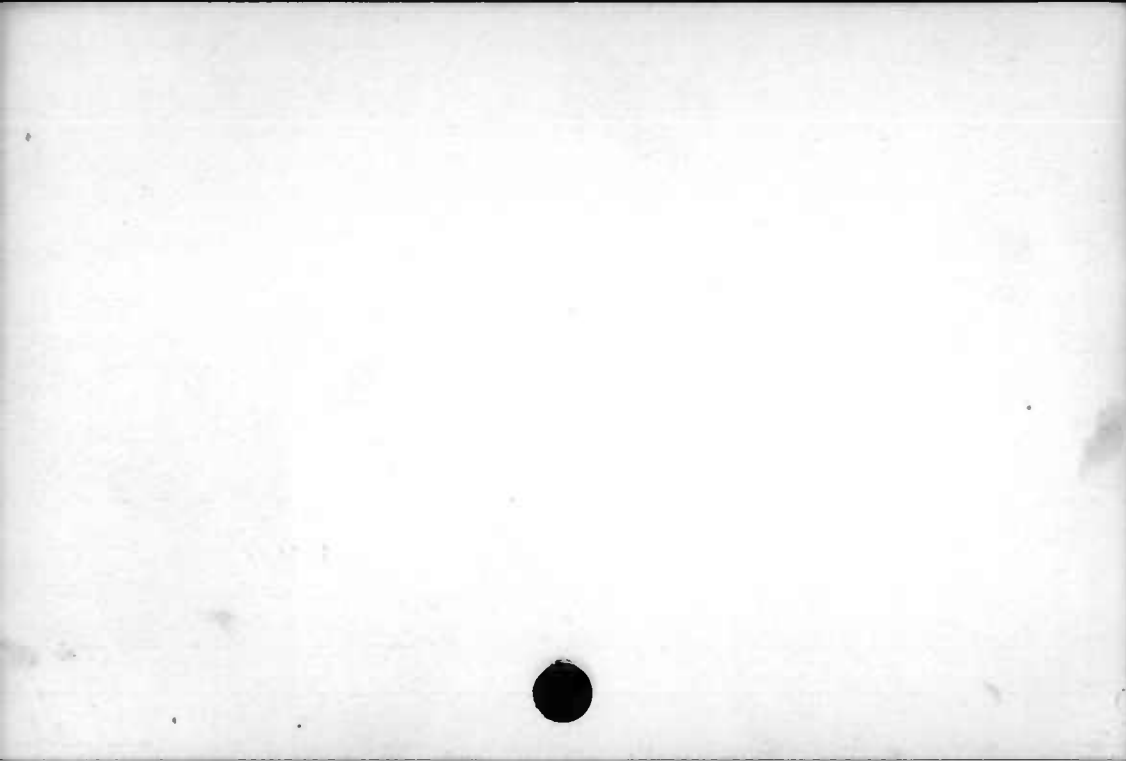
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u> <small>Month</small>	<u>Sept</u> <small>Day</small>	<u>25</u> <small>Age</small>	<u>5</u> <small>Months</small>	<u>5</u> <small>Days</small>	
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth- place <u>Berlin</u>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <u>Elizah Shawver</u>		Father's Birthplace <u>Berlin</u>			
Mother's Maiden Name <u>Fizzie Shawver</u>		Mother's Birthplace <u>Berlin</u>			
Name of person giving in formation <u>Levi Horikin</u>		How related to deceased <u>Father in law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>No Doctor</u>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. J. Adams</u>		
	Address <u>Windsor Station</u>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

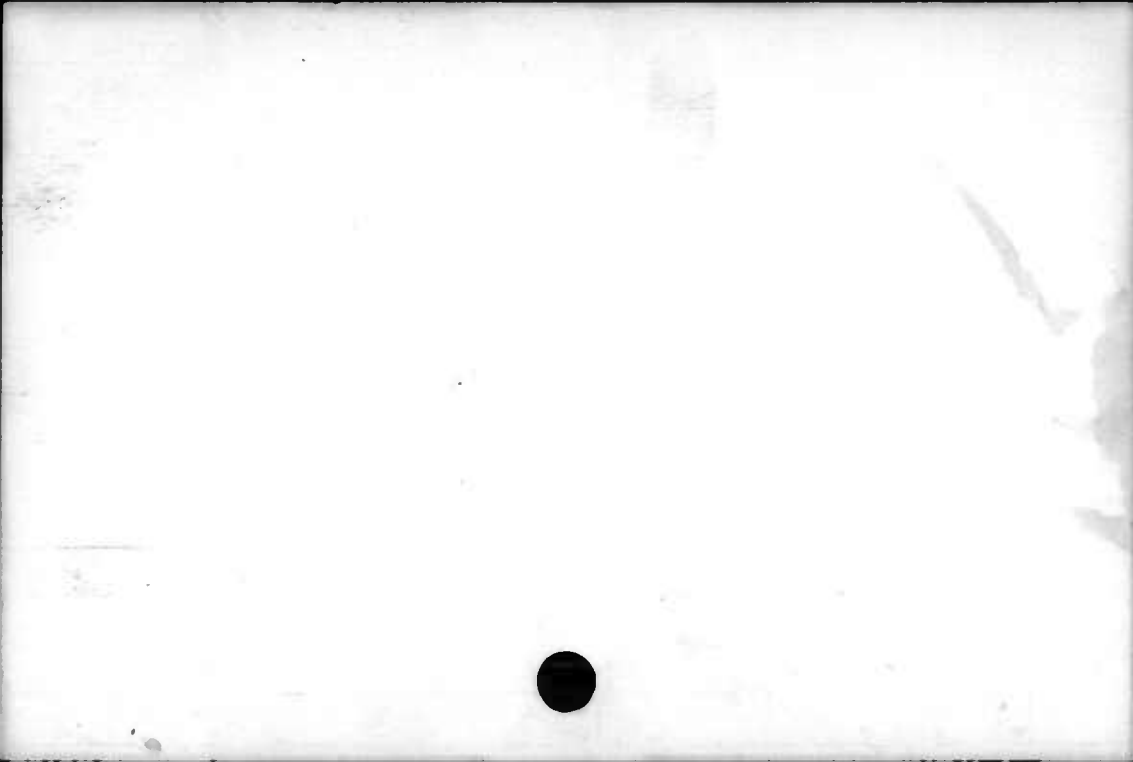
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary. L. Thowell</i>		Town <i>Neare Jones</i>		County <i>Winchester</i>		MARYLAND			
Died at		Date of death 190 <i>3</i>		Month <i>Feb</i>	Day <i>18</i>	Age <i>4</i>	Years <i>4</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Thowells</i>					
Married, Single <input checked="" type="checkbox"/> Widowed		Occupation							
Name of Wife or Husband									
Father's Name <i>Geo. L. Mumford</i>		Father's Birthplace <i>Thowells</i>							
Mother's Maiden Name <i>Louise. Thowell</i>		Mother's Birthplace <i>Thowells</i>							
Name of person giving information <i>Frank R. Smith</i>		How related to deceased <i>—</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. J. Evans</i>	
		Address <i>Undertakers</i>	
Accident or Suicide?			



Name
in Full

David Townsend

CERTIFICATE OF DEATH

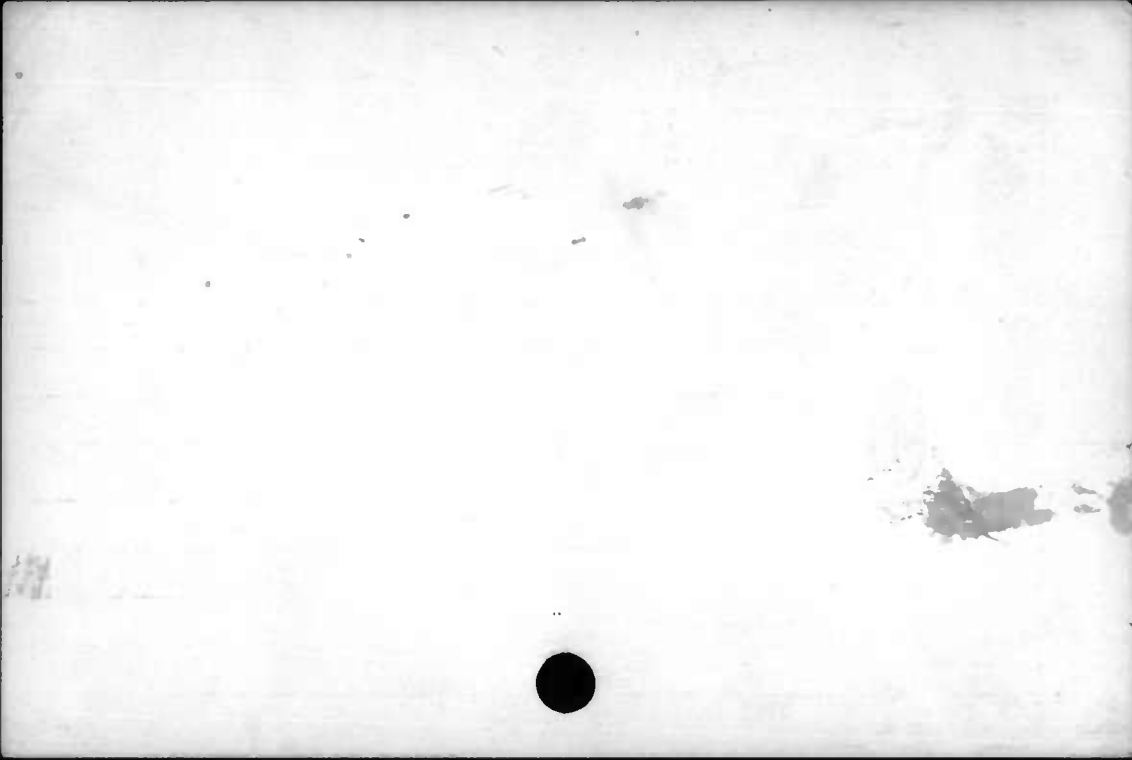
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u> ^{Town}		<u>Monroester</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Sept</u> ^{Month}	<u>21</u> ^{Day}	Age <u>21</u> ^{Years}	<u>1</u> ^{Months}	<u>23</u> ^{Days}
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>27</u>		
Name of Wife or Husband <u>Robert Townsend</u>					
Father's Name <u>Robert Townsend</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Maggie Townsend</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Maggie Townsend</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>18 months</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

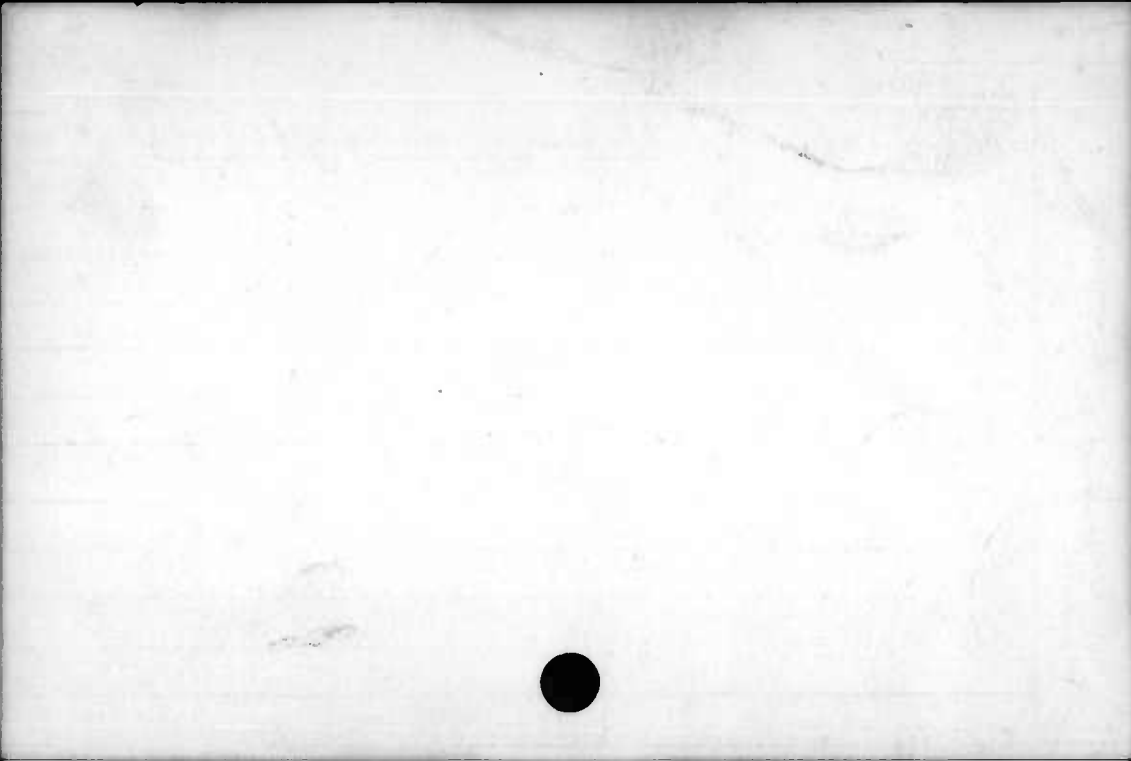
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stockton</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>9</i>	Day <i>27</i>	Age Years	Months <i>6</i>	Days <i>17</i>
Sex	Color or Race <i>colored</i>		Birth- place <i>Stockton md</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>P. M. Tull</i>			Father's Birthplace <i>Stockton md</i>		
Mother's Maiden Name <i>Mary Ramsey</i>			Mother's Birthplace <i>Stockton md</i>		
Name of person giving In formation <i>P. M. Tull</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Common ricthuse</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

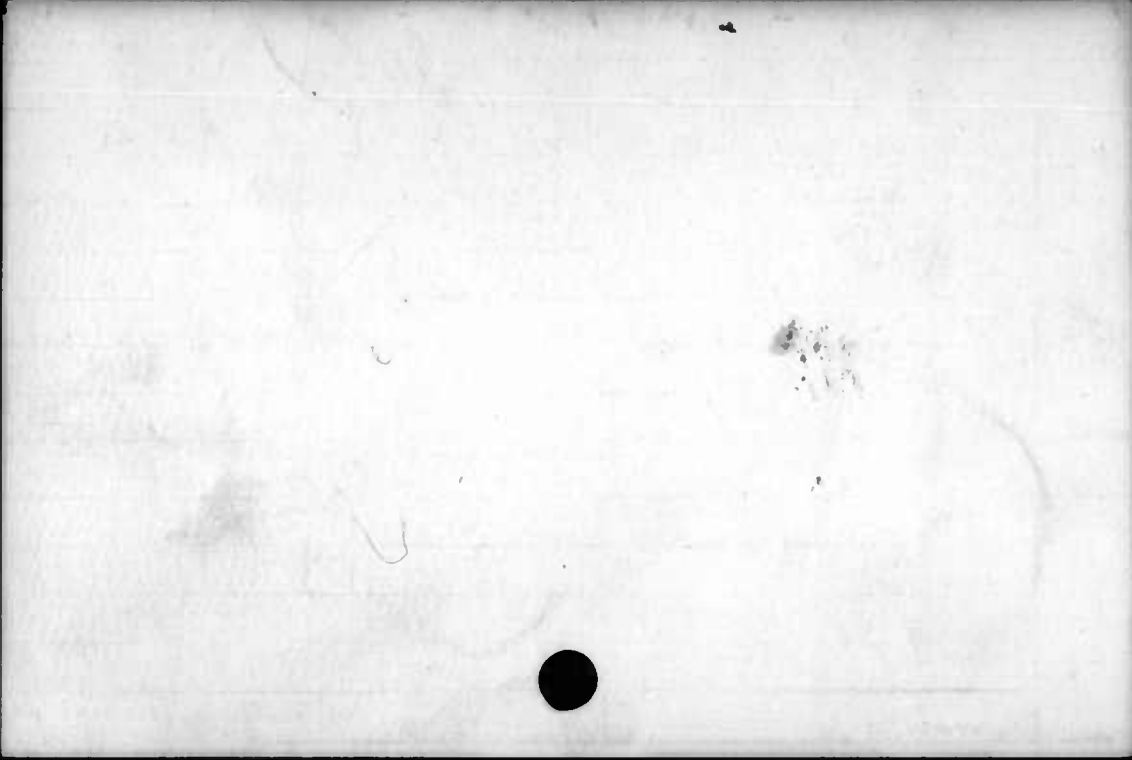
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stockton</u> ^{Town}		<u>Warner</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	<u>Sept</u> ^{Month}	<u>6</u> ^{Day}	Age <u>two months</u> ^{Years}	<u>16</u> ^{Months}	<u>16</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Caucasian</u>		Birth-place <u>Stockton</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>NA</u>		
Name of Wife or Husband <u>NA</u>					
Father's Name <u>P W Tull</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary A. Tull</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>P W Tull</u>			How related to deceased <u>Father</u>		

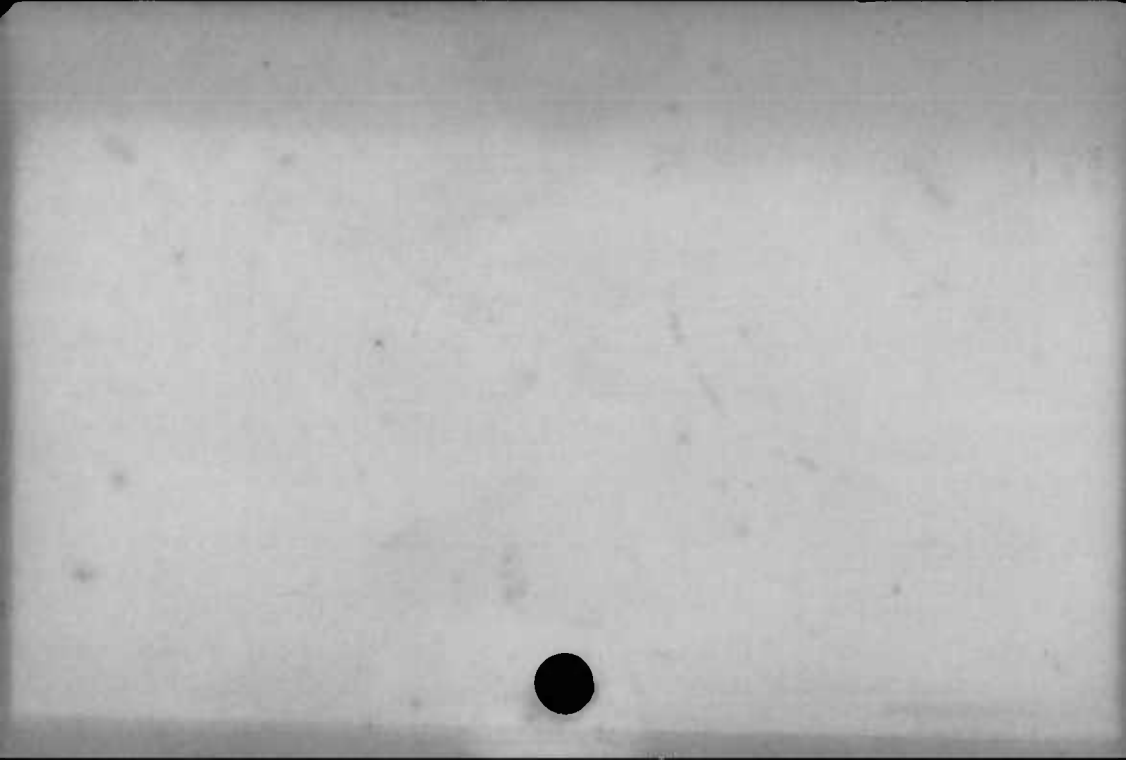
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart Failure</u>	How long <u>4 days</u>
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>P W Tull</u>
	Address <u>Stockton Md</u>
Accident or Suicide?	



Name in Full		Alice M. Ward				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Pocomoke City	County Worcester		MARYLAND	
	Date of death 190	3	Month 9	Day 18	Age 4	Years	Months 8
	Sex	Female		Color or Race	white		Birth-place
	Married, Single or Widowed		single		Occupation		
	Name of Wife or Husband		64.				
	Father's Name	James E. Ward				Father's Birthplace	va
	Mother's Maiden Name	Mary White				Mother's Birthplace	md
Name of person giving information		Jesse E. Ward				How related to deceased	father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Congestion of brain			How long	
	Immediate		Coma + heart failure			How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		H. N. Mills		
			Address		Pocomoke City Md		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stockton</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death 190	<u>3</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>2</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex	Color or Race <u>Dark</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed	<u>—</u>		Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>James Wise</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Henrietta Ross</u>			Mother's Birthplace <u>va</u>		
Name of person giving information <u>James Wise</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart failure</u>	How long	<u>week</u>
Immediate	<u>Heart failure</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		Address	
Accident or Suicide?			

